

HSRS BIRTH TO THREE PROGRAM MODULE

| REGISTRATION - Screen 68 | | | | MODULE TYPE O | | | | |
|---------------------------------|--------------------|--|--|---------------|-----------------|--------------------------|--|-----------|
| 1 Worker ID | | | 2 Client ID | | | 3 Social Security Number | | |
| 4a Last Name | | | 4b First Name | | | 4c Middle Name | | 4d Suffix |
| 5 Birthdate (mm) (dd) (yyyy) | 6 Sex F M | 7a Hispanic / Latino Y = Yes N = No | 7b Race (Circle up to 5) A = Asian B = Black or African American P = Native Hawaiian or Pacific Islander I = American Indian or Alaska Native W = White | | | 8 Client Characteristics | | |
| 9 Referral Date | 10 Referral Source | 11 County of Residence | 12 Location of Services Primary | 13 Start Date | 14 Closing Date | 15 Closing Reason | | |

| SERVICE - Screen 69 | | | | | | |
|---------------------|-----------------------|---------------------|----------|-------------|--------------------|---------------------------------------|
| 16 Service | 17 Service Start Date | 18 Service End Date | 19 Units | 20 Delivery | 21 Provider Number | 22 Service Review Date (mm) (yyyy) |
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| OPTIONAL DATA - Screen 18 (Module Key: _____) | | | | | | |
|---|-------------------------|--|------------------|-----------|-----------|----------|
| Street Address | | | City | | State | Zip Code |
| County | Telephone Number () | | Case Review Date | Diagnosis | Family ID | |
| Local Data | | | | | | |

Shaded areas are optional.